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## TALIPES VARUS.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY BUCKMINSTER BROWN, M.D.

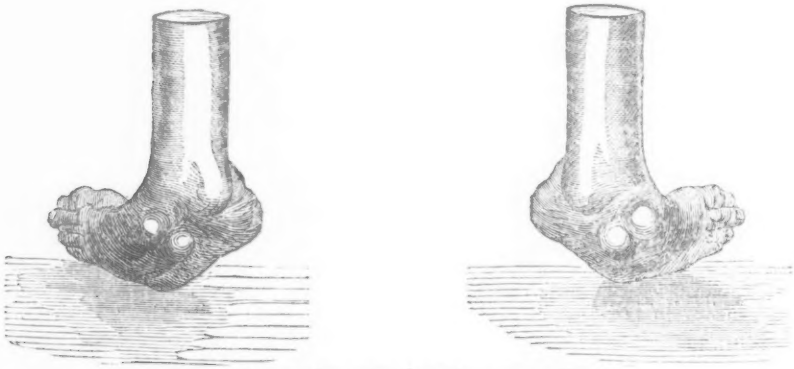
THE lad who is here this evening, to be examined by the members of the Society, was born with double talipes varus. He is from Detroit, Mich., and is now 9 years of age. The efforts of his parents, from the time of his birth to the present, have been unwearied to obtain a cure of the deformity, and no expense or pains have been spared. The following extracts from a letter written by the boy's mother, previous to his coming to Boston for treatment, give a brief history of the case up to that time.

"Our boy was born with both feet very badly misshapen. At the age of eight months he was operated upon by a surgeon, who divided the tendon of the heel and the ligament in the hollow of the foot, * * * * * but the feet remained the same as at first. At the age of two years and four months, the child was operated upon again, by a surgeon who was confident of success, and he remained under his care two years, during which time the tendo-Achillis and the ligament on the inside of the foot were cut five times each, making ten incisions in the two feet. All sorts of apparatus were used, from a single splint to a harness reaching from the waist to the toes, weighing not much less than five pounds. Chloroform was administered during the cutting, and paregoric and opium without stint given to enable the little sufferer to bear his torture. At the end of two years his health seemed to be giving way, and we released him from the stocks. That he lived through all, seems a wonder; that his temperament should be nervous and his disposition irritable, seems but natural. He is now eight and a half years old; his feet are as bad as ever they were, I think—and notwithstanding our hard experience, we are anxious to place him under your care, in case you could encourage us to believe that he could be made better."

The plaster casts which I have now in my hand are from the moulds of this boy's feet, taken when he first came under my care. (See Figures 1 and 2.) It will be seen that they present some unusual peculiarities, consisting chiefly in the rounded, marble-like

prominences standing out upon the dorsum or top of the feet, and in the marks of the cicatrices and adhesions which were formed

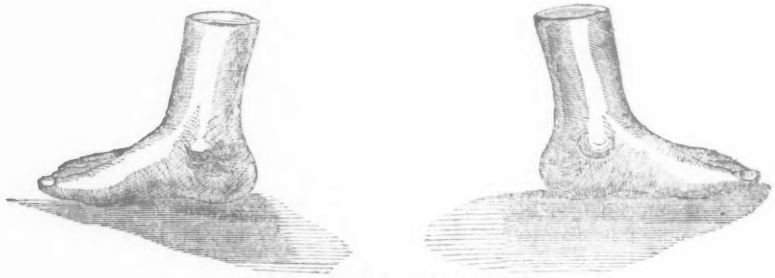
Figure 1. Figure 2.



Copies of casts taken when the patient came to Boston.

between the skin, fascia, tendons and cellular tissue at the place of the early operations, all of which are well represented by the casts. The feet were completely turned inward, and rotated on their own axes, and the patient in walking threw one over the other, as is usual in such cases.

Figure 3. Figure 4.



Copies of casts taken after treatment.

The left foot was cured, or nearly in the condition you now see it, in about six weeks. (See Figures 3 and 4.) In the right, however, the cicatrices and adhesions above referred to were far more rigid and unyielding.

The free and persevering use of strong mercurial ointment appeared to have a decided effect in producing absorption and softening of these results of inflammation, and the member was gradually brought to its present state, which it will be seen is that of a perfect foot. The appearance and shape of the members, and the action of the joints (which last is in all these cases the most difficult to acquire), will be found, upon examination, to be equal to that of feet which have never been malformed.

## NITRATE OF SILVER IN INFLAMMATIONS OF THE THROAT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It is not at all my intention to speak of the affections of the throat to which the use of nitrate of silver is applicable, or of the rules which should govern us in its use, but only to call the attention of the profession to a mode of applying it which I have found exceedingly convenient and serviceable. I have for a long time discarded the use of that instrument so disagreeable to most patients, the throat-swab, and instead thereof I make, as we may say, the throat swab itself. It is done in this way. From a third to half a teaspoonful of the solution of the desired strength is thrown into the back part of the mouth, the act of swallowing being relied upon to diffuse it over the surface of the throat. The quantity is so small that this is all that the act can do, and it does this quite as effectually as swabbing can do it.

Besides getting rid of the disagreeableness of the common swabbing operation, we secure in this way, in many cases, a better application of the remedy. As the patient can use the remedy himself after this plan without any difficulty, it can be used with any frequency that may be desired. I have found that generally a solution of the strength of eight grains to the ounce, applied frequently, answers the purpose better than a stronger solution used at longer intervals. In acute cases I commonly direct its use four times a day—in chronic cases every night at bedtime. Of course there are cases which require a stronger solution.

The mode of application indicated is peculiarly serviceable in the case of children. With them the use of the swab is at least awkward, and in all cases where quiet is important, the disturbance necessarily attending its use is very objectionable. Since I have resorted to a better mode, I have been more ready to examine the throats of children with reference to the use of this remedy, and have found them more often affected with inflammation than is commonly supposed.

Most other topical remedies for the throat cannot be applied with the same facility in this way, because they have not the same disposition to attach themselves to the surface over which they are diffused.

So much gratification has been expressed by physicians who have tried the above method of using nitrate of silver, that I have thought it best to communicate it to your JOURNAL, that its benefits may be more widely diffused. Though it be one of the minor improvements, it is one which, from its frequent applicability, is of much value, and is therefore worthy of record. The idea on which it is based is a simple one, and undoubtedly has occurred to some others as well as myself, though I have not seen it adverted to in any journal.

W. HOOKER.

*New Haven, Conn., July* 11, 1859.

## SARATOGA SPRINGS AS A RESORT FOR INVALIDS WITH PULMONARY DIFFICULTIES.

[Communicated for the Boston Medical and Surgical Journal.]

An impression is generally entertained by the public, that our mineral water cannot be drunk by persons suffering with lung difficulties, without injury. If *once true*, it is not so now. For several years past, and since the discovery of the Empire Spring, invalids have been testing its virtues until its efficacy in pulmonary disease is abundantly proved.

Our healthy climate, with its dry, sandy soil and pine groves, has always been agreeable to the consumptive; but the water from the various springs, containing more or less iron, could not long be taken without aggravated symptoms, such as tightness or stricture of the chest, increased cough and fever. But this is not the case with the use of the Empire water. It can be used not only with impunity, but I am convinced more and more strongly, every year, that it is absolutely and unqualifiedly *beneficial*.

Incipient consumption always improves here, and hundreds now date their first improvement from the use of this water. It improves digestion and assimilation; and nearly all who have been under my care or observation, have gained strength and flesh, and make yearly visits to Saratoga, encouraged by such results.

I am confident the alterative effects of our Empire water (in which there is a large quantity of iodide of potassium) are such that the appetite and assimilation are improved; the cough and expectoration diminish under its use, the skin becomes warm and healthy, the superficial circulation improves, and the result is an increase of flesh and strength.

My observations are not confined to one season, or one year's effects, but have extended through a series of years. I am taking the testimony of patients every day as they now return and report their improved health.

I will relate, in another communication, the details of a few marked cases, and let others judge if they do not give satisfactory evidence of the curative effect of the Empire Spring water in lung diseases.

L. E. Whiting.

*Saratoga Springs, July* 7, 1859.

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## ON THE APPLICATION OF POTASSA FUSA TO THE INTERNAL SURFACE OF THE UTERUS.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It will be recollected that some time since I proposed the application of caustic potash to the interior of the uterus in certain cases of obstetric disease.

As the suggestion was then challenged for its apparent temerity, claiming, as it did, to reach cases otherwise incurable, I will add another instance from practice to those already on record in this JOURNAL, and have the less hesitation in stating the case as it is from the experience of a gentleman whom I believe entirely unbiassed.

The patient, Mrs. A., of New London, N. H., I saw in consultation with Dr. McIntire, of Goshen, during the summer of 1856. Her symptoms were somewhat obscure, but such, nevertheless, that I had no hesitation in affirming the existence of an intra-uterine polypus, in opposition to the opinions of several physicians who had previously examined the case. Want of time prevented my then operating for its removal, and though earnestly requested to do so, I was unable to revisit the patient. I have lately, however, received from Dr. M. the further history of the case, and shall now quote from his letter, which is dated April 26th, 1859.

"Mrs. A., whom you saw at New London, is now at my house. After seeing various other physicians, among whom was Dr. C., of H., all of them telling her that no polypus was there, and some of them strongly opposing your views of the case and its treatment, she could not be pacified until the os had been dilated and the womb examined beyond doubt: accordingly, three weeks since, I commenced the use of tents. Previously to this, the mass you detected (and of whose existence Dr. M. was convinced, both by sight and by palpation, during my visit with him), had sloughed off, as I think I wrote you once, leaving a healthy looking os.

"After dilating, I found a fibrous base of the same mass, broadly attached, extending nearly to the fundus, and presenting one small spot, about the size of a pea, which was extremely tender. To this I commenced applying *potassa fusa*, and have made three applications. The mass is now nearly gone, and the patient (who was bedridden) sits up three quarters of the time."

This is the second case of the successful application of potassa fusa to the interior of the uterus reported to me by Dr. McIntire, to whose courage and good judgment I again cheerfully bear witness.

*Blue Hill, Milton, July* 13, 1859.

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## SIMPLE AND COMPOUND COMMINUTED FRACTURE OF THE ARM AND FOREARM.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the first of August, 1849, Mr. George W. Shaw was returning from Boston to his residence in Grantville, in the Boston and Worcester Railroad cars.

He was holding a newspaper in his right hand, with his elbow projecting from the window, when the door of a freight car, which had been improperly left too near the track, blew to, as the train was passing, bending his arm around the frame of the window. The arm was fractured just above the elbow. The iron fastenings of the door penetrated the elbow-joint, producing compound comminuted fracture in that place, two of similar character in the ulna, and a simple fracture near the wrist. The limb was broken in five places.

Mr. Shaw was a large, very fleshy man, of sanguine temperament, extremely sensitive to pain. From these circumstances and the great heat of the weather, my prognosis was unfavorable. I had my doubts whether his situation and chance of life would be much bettered by amputation. I determined, therefore, to attempt, in the first instance, to save the arm. The fractured ends of the bone were brought into apposition, the wounds dressed, and splints applied.

On the next morning, I found him doing better than I had reason to expect. I met, at his lodging, the President and Superintendent of the Worcester Railroad, who offered to procure additional surgical aid; to apply to Dr. John C. Warren, or any one else who might be preferred. As I saw no immediate occasion for a consultation, and as Mr. and Mrs. S. expressed perfect confidence in me, the offer was declined.

After a day or two, the wounds began to discharge, and this discharge soon became immense. To keep the arm in its position, I had a tin case made. This was found filled with matter at every dressing, besides quarts which had escaped upon the pillow and bedclothes.

Nevertheless he went on favorably. It was necessary to dress the arm every day, and sometimes twice a day, on account of the heat of the weather and the profuse suppuration. Every dressing, every motion of the arm produced agony. In ordinary cases of fracture, even in compound fracture, I have found much less pain than most persons would expect.

I should have stated, that in setting the arm, I had placed him under the full influence of ether, which was kept up for some time after the dressing was completed. To this I attributed the fact that the inflammation was not as violent as I expected. I do not know whether it has been observed by others; but I have thought that where ether or chloroform was used, there was less active inflammation—less tendency to adhesion, more to suppuration. If this is the case, while we gain in the use of ether in an instance such as the present, we lose when adhesive inflammation is desired.

However this may be, to the free use of ether I attributed the comparatively low degree of the inflammation, and its not producing greater constitutional effects. Everything continued to go on well; but twice I was called to him in haste, in consequence of

profuse bleedings from the wounds in the forearm. The simple fractures united well, but the wound at the elbow and the excessive pain produced there by the slightest motion, prevented flexion of the joint, so that when it became time to discontinue the splints, the elbow was found stiff.

By advice of Dr. John C. Warren, I placed him again under the influence of ether, and attempted forcible flexion of the joint. But I found that the fracture of the humerus was so near the elbow, that I should sooner break the newly-formed adhesion than restore the mobility of the joint. I did not, therefore, repeat my effort.

The wounds of the elbow and of the forearm had healed, contrary to my expectation, without leaving fistulous openings. No pieces of bone, that I am aware of, came away. Whether the comminuted pieces came away in the matter, or whether they were absorbed, I know not. He continued, however, to suffer a great deal of pain, and I had the arm constantly wet with rum; perhaps rather a dangerous practice after a patient resumes his usual walks in life, since his companions may not always distinguish whether the smell of spirits proceeds from the bandages or from his breath.

I would say, in passing, that had this patient's health been injured by habits of intemperance, he could not have recovered as he did. Next to a healthy state of the body, he owed his recovery to the unwearied and judicious care of his wife.

When he became able to go out, the arm was still kept in a tin case, and after I had ceased my attendance, leaving it to be dressed daily by Mrs. Shaw, he came for me to examine it occasionally at my house.

He never acquired the use of this arm; it remained permanently stiff, fixed at nearly a right angle.

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## "GRAY'S ANATOMY."

[ Concluded from p. 496. ]

We have spoken of some of the deficiencies and inaccuracies which are most noticeable in Mr. Gray's Anatomy. We are sorry to observe that a good many inconsistent statements also occur in the work in question; these are the more to be regretted, as being liable to confuse the student, and leave him in doubt as to which is correct, or whether both are equally true.

At p. 198, the risorius Santorini is stated to be "placed superficial (sic) to the platysma." This is something new; for most anatomists have heretofore considered the risorius as *part* of the platysma. Mr. Gray is not unaware of this fact, for at p. 203 he says that the "most posterior fibres (of the platysma) are the rudiments of a remarkable accessory fasciculus, the risorius Santorini." At p. 348, the position of the axillary artery in the axillary

space is described as "much nearer the anterior than the posterior wall." At p. 351, in order to cut down upon this vessel, it is said that the incision must be made "over it, and a little nearer to the posterior than the anterior fold of the axilla." At p. 5, in giving the "general characters of the vertebræ," it is stated that the inferior intervertebral notches "are *always* the deeper." At p. 6, speaking of the "characters of the cervical vertebræ," the author says "the *superior* intervertebral notches are slightly deeper than the inferior." At p. 306, Pott's fracture is represented in the engraving with the end of the tibia resting upon the *outer* side of the astragalus. In the text describing this fracture, it says "the end of the tibia rests upon the inner side of the astragalus."

At p. 122, in speaking of the development of the fibula, our author says, "the lower epiphysis, the first in which ossification commences, becomes united to the shaft about the twentieth year, contrary to the law which appears to prevail with regard to the junction of epiphyses with the shaft." At page 4, we find it stated that "the order in which the epiphyses become united with the shaft, follows a peculiar law, which appears to be regulated by the direction of the nutritious artery of the bone. Thus, in the lower extremities the nutritious arteries pass downward in the tibia and fibula, and the lower epiphyses of these become first united to the shaft." Here is a manifest inconsistency; but the statement itself is correct, and evidently has reference to a law which does not find a place in Mr. Gray's book, it being supplementary to the one above quoted, and to this effect, viz., that ossification begins last in that epiphysis toward which the nutritious artery is directed, and which therefore first unites with the diaphysis. As ossification in the lower epiphysis of the fibula appears at the second year, and in the upper not until between the fourth and fifth year, this general law does not apply in the case of that bone. Yet how is the student, who is not already acquainted with these facts, expected to reconcile such statements?

The introduction of surgery into an anatomy is of questionable propriety. As has been asked, "if the anatomist teaches surgery, who is to teach anatomy?" for although anatomy is the basis of both external and internal pathology, it is impossible to make one volume the "vade mecum" of all. The relations of parts are so variously modified, both by the nature of diseases and the circumstances under which they occur, that their consideration in an anatomical treatise must be so imperfect and incomplete, as to render their admission a comparatively valueless addition. Descriptive anatomy is itself surgical anatomy, and properly includes the recognition of certain points of surgical importance. This, however, does not necessitate the discussion of all the stated operations, or the consideration of pathological questions; and yet, in the

book before us, with scarcely an exception, the paragraphs designated "surgical anatomy" are thus devoted. The insertion of these paragraphs, too, is most unequally distributed. In many places, where we might properly look for one, we find it omitted, and the student's attention not called, even by a word or two, which would often be enough, to many points of real surgical interest. The simple suggestion that a part described has a pathological or surgical importance, would alone be sufficient, or might perhaps be accompanied by a reference to the place where further information could be sought. Nor would such a course be at variance with what we have just said with regard to our ideas of the introduction of pathological and surgical anatomy.

Our author might thus with propriety have alluded to those little cysts, of such constant occurrence in connection with the epididymis (suggesting an analogy to a frequent condition of the ovary), which the dissector finds in two thirds of the testicles he examines, and have explained how it is that in those cases, tapped as hydroceles, and discharging a milky fluid containing spermatozoa, the fluid comes, not from the tunica vaginalis, but from one of these very cysts, enlarged and distended, so that the size renders it impossible, during life, to distinguish it from a true hydrocele, and which obtains its spermatozoa, not from the tubuli of the epididymis, but because, by virtue of propinquity, it possesses the power to produce a secretion similar to that of the organ near which it is seated *(Paget)*. The presence of spermatozoa in the tunica vaginalis, after death, has been demonstrated but once or twice, and then only when one of these cysts (which with milky contents and containing spermatozoa, are constantly demonstrable,) has ruptured, or been punctured across the sac of a hydrocele, accompanying it. The presence of these cysts in numbers also explains the clinical observation, that hydroceles, the fluid of which is milky, recur after the radical operation more frequently than when the fluid is of the ordinary character.

And so again of the appendix of the testicle, of which Mr. Gray only remarks, at p. 677, that there is "attached to the upper end of the testis, or to the epididymis, a small pedunculated body, the use of which is unknown." Now as this appendage is described by so few anatomists, a little more detail might have been expected, especially in a new book, with regard to a part really of so much interest. This small excrescence, pedunculated, and often so slenderly, as to seem on the point of separation, enveloped on all sides by serous membrane, depending from the testicle and never from the epididymis (*Gosselin*), and found in subjects of all ages, is evidently a normal growth. Rudimentary, perhaps, of the omental process attached to the superior part of the testicle in the Rodentia and other animals, it offers another instance of the disposition manifested in all the serous and synovial membranes to multiply by folds and processes the extent of their secreting

surfaces. This disposition we see in the appendices epiploicæ of the peritoneum, the synovial fringes and Haversian glands of the articulations, and in the villosities of the choroid plexus. Still further is this appendix interesting in a pathological point of view, as explaining, by its detachment, the origin of the cartilaginous bodies which are not unfrequently found in the tunica vaginalis, revealing another resemblance to the synovial fringes of articulations and the conversion of them into the so-called "floating cartilages" of diseased joints.*

Although we have spoken of them, for the sake of illustration, at greater length than we intended, we think a suggestion in the proper place, of the connection of such facts as these just given, might very properly come within the scope of a general and voluminous treatise, and the more so, if they are in any way possessed of novelty, or not generally familiar.

But, besides complaining of the plan adopted and regretting omissions, we are sorry to say that, worse than these, in the methods given for performing surgical operations, a looseness prevails which deprives even these of much of their intrinsic value. For example, the course of the femoral artery is talked about, but nothing is said as to what that course is, or what its *points de ralliement* are. At p. 318, in the directions how to tie the common carotid above the omo-hyoid, the author says, "after dividing the integument, platysma and superficial fascia, the deep fascia must be cut through on a director," &c., as though the superficial fascia were beneath the platysma and the deep fascia to be disturbed in any other way than by opening the sheath of the artery, which it constitutes. In the operation for convergent strabismus, the eye is to be held everted by a "*blunt* hook." The external iliac vein is to be cautiously separated from the artery, when a ligature is to be applied to the latter, by the "*point of the knife.*" Such are some of the surgical instructions given to the student, who, moreover, if he expects to learn how fractured bones are displaced, by the drawings copied from Hind, will find, when he comes to practise, that the verification of them will not be easy. That pure anatomy cannot be thus fantastically applied to pathology, the specimens of fractures in any museum will convince him. We would inquire, also, if the author thought it proper to describe the fractures, on what ground he omits the dislocations.

* Those peculiar bodies found in the interior of articular and bursal cavities, resembling boiled rice, the seeds of the pear, &c., and which, amongst other extraordinary synonyms, have received, from their concentric lamellated structure, the name of "pill-box hydatids," are originally, like the appendix testis, dependent from the serous membrane (and the broken process of attachment may almost always be seen, unless the bodies are very small, by floating them in water); being thrown out from the subserous cellular tissue, they push the inner serous layer before them, and becoming pedunculated, are finally detached by the movements to which they are subjected. Although these bodies may be formed from the residue of synovial and sanguineous effusions, resulting from injury, it is interesting, in connection with the study of similar outgrowths, occurring elsewhere (and it has been said that the Pacchionian bodies, and what are designated "tubercles" of the peritoneum, are also thus formed), to trace a similitude between organizations belonging to the natural, and those resulting from a morbid constitutional condition, and to find, in an occasional state of things, an origin closely allied to well explained and recognized physiological processes.

At p. 4, the statement is made that chronic inflammation occurring in any point at an early period of life, "the epiphysial cartilages take on premature ossification; this process proceeding so rapidly that it (what?) becomes converted into bone, which becomes united to the shaft, and the bone ever after is diminished in length." Now, if this were so, how much worse would it be if we added to the chronic inflammation, that which would result from excision of the joint. But in practice, do we find that the limbs of children who have had "white swellings," and in whom excision has been performed, do cease to grow? This question is a practical one, and the revival of the operation of excision at the knee-joint gives abundant opportunity to test its truth. The growth of a limb is by addition to the ends of the diaphyses of the long bones, and the results of excisions certainly show that if the thinnest slice of the epiphysis remains between the joint and the shaft, growth will continue in spite of the inflammation which has preceded, or accompanied, the operation. But more than this; growth is not arrested in all cases, even by the removal of the whole of one epiphysis, as in the amputation of the limbs of young persons. What causes the conical stumps so constant after this operation in children? Cases are not wanting where the bone has protruded, without either necrosis or the formation of conical stump. Guersent has said that he is often obliged to resect the stumps of amputated limbs in childhood, and although the lengthening may be only apparent, and due to the retraction of the muscles, it is oftentimes real, the bone continuing to grow by virtue of that law of compensation by which nature always endeavors to make up for the loss of parts, and because the upper epiphysis is not yet "soldered," to use a French expression, to the diaphysis.

It is not in surgery alone, however, that Mr. Gray is deficient, for in that department which more properly appertains to him, viz., dissecting, we fear, if he followed his own directions, he would hardly be more successful.

At p. 230, in dissecting the abdominal muscles, the flaps of integument are directed "to be reflected from within outwards, in the direction indicated in the figure," viz., at right angles to the course of the muscular fibres; a violation of the very first rule taught to the dissector, and no where more important to observe than in the preparation of the external oblique muscle. We should like to see the muscles of the palate dissected according to the directions given at p. 213, by simply laying open the pharynx with a vertical incision, or without detaching it from the base of the skull by a transverse incision on each side of the longitudinal one.

No information is given as to a multitude of simple processes which facilitate dissection and the demonstration of parts, familiar to most anatomists; as, for example, of distending the abdominal muscles by air blown into the peritoneal cavity through the umbi-

licus; of the advantage of various positions, and a certain order in arriving at parts; of inflating and drying, the better to appreciate the shapes of organs, or their valves; of boiling, to display or unravel muscular fibres, as of the heart, or uterus; of the benefit to be derived from softening bones in acid, so applicable to the temporal bone; of modelling in plaster of Paris, which, after the methods of Valsalva and Sappey, will give such beautiful casts of the external auditory canal; and so of many other little ways, more of which might be mentioned, that simplify the pursuit of practical anatomy and are of great assistance to the student. We speak of these, though they belong to a dissecting-room manual rather than to a general treatise, only because Mr. Gray has pretended to furnish complete dissecting directions.

At p. 447, we find the method for exposing the brain and its membranes is, to saw through the external table and to break through "the internal with a chisel and hammer, to prevent injury to the investing membranes of the brain." It has been said that it is impossible to do this, and the authority of Cruveilhier has been advanced in support of such a statement. Although a distinguished pathological anatomist has told us he would undertake to remove six calvariæ per hour, and in every case demonstrate the diploic interspace between the external and internal table, and in no instance wound the brain or its membranes, it is satisfactory to have confirmation of the facility with which the thing may be done, even from an anatomist no more skilled than Mr. Gray.

It is stated in the "American Publisher's notice" that the numerous typographical errors of the London edition are corrected in the present re-publication. We are surprised that they should not have been equally anxious to announce that their illustrations were re-printed from the original blocks, if for no other reason than to excuse the errors in spelling with which their lettering abounds, and which of course could not easily be corrected. Although the edition before us is a great improvement over the original one, we regret to find that so large a number of verbal inaccuracies, some of which we have already alluded to, still remain uncorrected: as, for example, "Paccinian," "aconeus," "palbebrarum," "interosseus," "epiphysal," "synarthroidal," "defæcation," "Eustachiam," "calvarium," "diagnosed." In words having the diphthong, we are, as in the English edition, sometimes favored with its use and sometimes not; thus, we have "arytenoepiglottidean" and "arytæno-epiglottidean," "perineum" and "perinæum," "coccygeus" and "coccygæus," whilst we have further play upon its use in "cæcum" and "cœcum;" we find "vocal chord" and "vocal cord," "Fohman" and "Fohmann," "Glasserian" and "Glaserian," as also "vena comites," "levator anguli scapula," "a surface called the alæ of the sacrum," "trigone vesicæ," "three first," "two last" (passim); at p. 4, "epiphyses" for apo-

physes; and at p. 440, "the neurilemma supplies the ganglia with *its* bloodvessels." Following the usage of Meckel, Winslow, Cruveilhier, Quain, Wilson and others, the Philadelphia Publishers adhere to Mr. Gray's orthography in the use of "hilus" and "symphysis pubis," instead of hilum and symphysis pubes, which, we have been told, are, in that city, alone considered correct. We observe that "saphena" and "saphenous" are about equally used, when speaking of the veins of the leg, and "lamina" and "lamella" indiscriminately applied to the arches of the vertebræ. Saphena and lamina, in the above connections, are undoubtedly the only correct terms. Occasionally we have an unfortunate repetition, within a line or two of each other, as at pp. 313 and 552.

The terms Casserian and Gasserian are both found prefixed to the ganglion of the fifth pair, and Gasserian only to the external or musculo-cutaneous nerve of the arm. Now the ganglion is the Gasserian and the nerve the Casserian. Julius Gasser, who was a Professor at Vienna, from 1748—1765, first described the structure of the ganglion of the trifacial nerve. Although Vieussens in 1685, and Winslow in 1732, speak of it as the plexus gangliformis, Gasser was the first to describe it in detail, and his name has been associated with it on this account, and not as its discoverer. This is the statement of Hirsch, who was his pupil. A confusion of names has arisen from the fact that Gasser left behind him no writings, so that Julius Casser of Placenza, who did write, and who published two anatomical works at the beginning of the 17th century, in one of which he describes the coraco-brachialis as the "musculus perforatus," has had his name also connected with the ganglion, merely on account of similarity of spelling. Thus we have Gasser's name given to a ganglion which he did not discover, and Casser's to a nerve, when he only described a muscle perforated by a nerve.

But perhaps one of the most reprehensible features of the book we are noticing, is the want of a due recognition of the services of other writers; the English reviewers have been very severe with Mr. Gray in this respect, and have even gone so far as to lay upon him the grave charge of copying and paraphrasing from Quain and Sharpey, in a manner inconsistent with honesty, supporting it by references and parallel passages—alleging plagiarism even in the description of the spleen, where, from the author having written a prize essay upon that organ, originality might most have been expected. Certain anatomical facts have, it is true, become as it were common property: one need not always refer to Harvey when he speaks of the circulation, nor to the Psalmist in discussing the growth of the bones; but at least such names as Marshall Hall, Bell, Bowman, Quain, Muller, and others, have a right to be associated with their original observations. That Mr. Gray is not opposed to the use of foot notes is indicated at page 475, where we have six references thus introduced. This course,

if followed elsewhere, would often relieve the reader from embarrassment. For example, we should like to know on whose authority the statement is made at p. 3, that "lymphatic vessels have been traced into the substance of bones." Kölliker declares they have not been so traced, and Cruikshank, who says he saw them in the vertebræ, made his observations more than 60 years ago. A simple foot note here would help Mr. Gray's reputation for accuracy, especially as he says, at p. 425, that "their existence (the lymphatics) in the substance of bone is doubtful."

Having shown up so many deficiencies in the book we have been noticing, and we have not yet exhausted our list, it may be thought time to allude to some of its good qualities. Such is not a part of our intention; they are able to take care of themselves, for they are numerous and manifest. A book of its character could not fail to be correct and excellent in part. The criticisms offered have been made from a simply practical point of view, and are only such as any intelligent reader would make in looking at the book carefully. They may some of them seem trivial to the anatomist, but they cannot be so to the student who takes the book as his guide, and who, with no discretion to select the wheat from the chaff, finds himself obliged to believe all that he reads, and to find in the faults of the author only the proof of his own stupidity. Our object has been merely to exhibit the fact that Gray's Anatomy is not a desirable text-book, or a safe and complete guide for the practitioner. There already exist text-books of far higher range, wider scope, more complete detail, more accurate descriptions. In its present condition it supersedes none of its predecessors, and its size, pretence and ambitious belongings are only calculated to mislead the student and beguile him into the purchase of an inferior and unreliable work.

We cannot finish our remarks, though, without speaking of the very creditable manner in which the American Publishers have accomplished their part in the preparation of this edition. The correction of errors in a reprint is not practically so easy as might be supposed, and in the present instance was more than usually difficult. Amongst the ambitious young anatomists of Philadelphia an American editor could have been found, we think, who might have added to and corrected the original advantageously, and thus have rendered the whole more satisfactory; but as it is, and especially as its illustrations are reprinted from the English blocks, we can confidently recommend those who desire to purchase the work, to choose the American as a far better edition than the London one. H.

## Bibliographical Notices.

*A Manual of Elementary Chemistry, Theoretical and Practical.* By George Fownes, F.R.S., late Professor of Practical Chemistry in University College, London. From the seventh revised and corrected London edition. Edited by George Bridges, M.D., Professor of Chemistry in the Philadelphia College of Pharmacy, &c. Philadelphia: Blanchard & Lea, 1859. 12mo. Pp. 600.

The "Manual" of the late Mr. Fownes is too well known and appreciated to require any encomiums from us. The fact that seven editions have appeared in England, and two in this country, is sufficient evidence of its great value as a text-book and guide to the young chemist. The present edition is a reprint of one which was revised and improved by Dr. Bence Jones and Mr. A. W. Hoffman, last year. The American editor has made a few additions, particularly in the illustrations, and corrected various errors. In its present form it may be considered the best book to be put into the hands of the student in chemistry.

For sale in Boston by Brown, Taggard & Chase.

*Elements of Medicine: a Compendious View of Pathology and Therapeutics; or the History and Treatment of Diseases.* By Samuel Henry Dickson, M.D., LL.D., Professor of the Practice of Physic in Jefferson Medical College, Philadelphia, &c. &c. Second edition, revised. Philadelphia: Blanchard & Lea. 1859. 8vo. Pp. 768.

We are glad to find that the favorable opinion we expressed concerning this work, on its first appearance, has been confirmed by the necessity for a second edition. The author has taken the opportunity to revise it carefully, and to supply such defects as the first edition was found to contain. The book is therefore still more worthy of the favor it has hitherto received. It is intended especially as a text-book for students, and as a guide "to physicians who have recently assumed the responsibilities of practice"; to them we heartily recommend it, as well as to those who are no longer novices in the profession, and who will find it to contain much which will be of value to them, both in the history and in the treatment of disease.

For sale in Boston by Brown, Taggard & Chase.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 28, 1859.

### MARRIAGES OF CONSANGUINITY.

This important subject has received much attention, and from very distinguished observers. We do not propose to go into any detail or to cite statistics in support of one or the other side of the question —*should consanguine marriages be encouraged?* Indeed, we do not know that it would be possible to offer evidence in favor of the affirmative—the negative has already a somewhat formidable array of facts to support it.

Perhaps statistical evidence to show the safety and propriety of

m ırriages between persons nearly related, might be accumulated; but, as we think, with difficulty. There surely must be some good reason and an adequate foundation for the universally entertained belief that these connections are more or less uniformly unfortunate, either physically, mentally, or morally. There is always a large admixture of truth in what "all the world" believes—to use a common phrase. But while we thus think that popular opinion, with all its ignorance of the *why* and the *wherefore*, is not to be scornfully disregarded, we are far from being willing to pin our faith to its skirts, in this matter, or in anything else. We merely wish to say, that *no* widely spread belief is totally without foundation, or certain claims to respect, merely because it is popular, loose, and even—in many cases—tinged with superstition.

It must be mainly to close and reliable scientific investigation, however, that we must look for the solution of this and other questions of kindred importance. Let there be such a gathering of *facts*, from responsible *medical* observers, as shall, after sufficient accumulation, constitute our basis of reasoning and deduction. To sift these facts, and select only what is available to the purpose, is no light task. The object is worthy of all the labor which can be bestowed upon it. Were all competent physicians carefully to record such instances as fall under their observation, whether for or against consanguine marriages, we should finally—or the next generation might—have the means of judging more nearly than at present of the full truth of the matter.

For ourselves, without the least partizan feeling, we can say that we have seen too many direct instances of evil consequences from the marriage of near relations, to doubt, in the least, the unpropitious influence exerted. We cannot think that, were the following question propounded to any right-minded and well-instructed physician—would you think it right to sanction a marriage between very near relations—say first cousins?—the answer would be anything but an emphatic *no*. Yet we have been told that such marriages *are* sanctioned by some physicians—when their opinion has been asked—or, at least, that an adverse opinion has not been decidedly given. We do not, at this moment, recollect any such advisers, ourselves. We must say, that the responsibility seems to us too great to assume.

Dr. John Bell, of New York, in his elaborate and highly interesting communication published in this JOURNAL, July 14th, seems to take ground decidedly for allowing consanguine marriages. We must dissent, entirely, from his logic, although we have not time nor space, even had we the ability, to refute it. We commend his paper to the attention of our readers, as one containing original views, well expressed, and worthy of close examination.

*Per contra*, we would refer to a very interesting and highly scientific article in the *British Quarterly Review*—and which has been lately reprinted in *Littell's Living Age* (No. 790, July 16th, 1859)—entitled "Physical and Moral Heritage." Among the various aspects in which this truly vital subject is held up to view and thoroughly examined, is that of the question of consanguinity as affecting offspring. We have not space to extract much from this communication; as a whole, all who take an interest in the subject will be both pleased and instructed by its perusal. One of the strongest positions taken, is that derived from the results—uniformly bad—of "*breeding in-and-*

*in*," as it is termed. The meaning of the phrase is well known. Youatt's words in reference to the practice are (cited in the article in the *Quarterly*)—"it is the fact, however some may deny it, that strict confinement to one breed, *however valuable or perfect*, produces gradual deterioration."

After referring to several other authorities, and presenting the principles on which their opinions are grounded, the writer in the Review thus remarks: "It is not difficult to apply these principles to the question of consanguineous marriages. The parents are here of the same breed and family, and we may almost with certainty conclude that neither of them will be free from defect or weakness in some organ; and being closely allied, the probability is that this organ will belong to the same series in one as in the other. In such a case as this, the offspring cannot escape the taint. * * * *" A still stronger statement, from the same source, is the following:—"In our own circle of acquaintance, we know several families where there is an idiot child, or where many of the members have the most strongly marked nervous peculiarities, to which the parents and ancestry were strangers, and for which there seemed to be no plausible reason, except that their parents were cousins, and that the families had been in the habit of intermarrying." Still farther, the writer says: "Thus reason, theory and observation combine to prove the impropriety of consanguine unions, and the advisability of a contrast of constitution or race in the parents."

It is only very lately, that a most reliable statement was made to us concerning a large circle, composed of the first-class population of one of the Southern States, where the most lamentable results had followed consanguine marriages persistently practised. So many facts of this nature constantly present themselves to the notice of nearly every one, that *statistics*, although eloquent, are really less demanded than if the evidence were more removed from general observation.

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### THE "VOICES OF THE NIGHT": THEIR EFFECTS UPON INVALIDS AND OTHERS.

To those of our citizens who are obliged, or who prefer, to remain in the city through the warm weather, the vocal and instrumental performances indulged in by man and beast during the "summer night," are by no means a matter of indifference. Those who are in a condition of fair health are generally tired enough by ten or eleven o'clock at night, to both desire and need uninterrupted repose—they are fortunate if they get it! About the hour last mentioned, we will suppose that the weary wight subsides into luxurious recumbency—the limbs relax, the dreamy delirium of a first slumber wraps the whilome busy brain in its enchanting meshes—a natural ether, never known to nauseate—everything is calm, delicious, grateful—when *whang, fizz, bang-bang*, just beneath the sleeper's casement, arouses him (or her) to the distinct but most disagreeable conviction that a next neighbor's almost-grown-up boys are winding up the observances of the "Fourth" by disposing of their surplus fire-works—date, 12th of July—police, "nowhar"! The pyrotechnic performance—not in the bills—being over, Morpheus is again invoked, for a long time unsuccessfully, but finally forgetfulness is reëstablished. Suddenly the sleeper is half awakened by the impression that innumerable infants,

in various stages of distress, are pouring excruciating wailings into his ears. In his semi-conscious state, he is possessed with a mortal fear that a new Slaughter of the Innocents is being perpetrated by another Herod. In horror he awakes fully, to find himself "on end," grasping the pillow or the bolster, in the firm belief that he has the cruel monarch by the throat! For a moment all is still—what a frightful *dream*, he ejaculates, as he wipes the perspiration from his brow, and essays to compose himself again—*to rest*.

> "But hark! that [fearful] sound breaks in once more,
> As if the clouds its echo would repeat;
> And nearer, clearer, deadlier than before—
> It is—it is————"

the yell of contending felines, upon the roof of his wood-shed, close at hand! Now shrill and short shrieks, now long, low growls, now one tumultuous chorus of all conceivable dread sounds "appal the list'ning ear of Night," and our sufferer's ears, too. Occasionally the vocal enunciations are exchanged for a quick, heavy "*thud*," indicating that one cat has flung the other against wall or roof. Thus doth Grimalkin "murder sleep." By way of interlude, let us here say that we have found the common *torpedo*, projected near to the furry combatants, and repeated, *ad necessitatem*, generally successful in effecting a dislodgement—although we *have* seen beasts of the feline family that declined to move under this fire: they will sometimes stay until their own "sweet will" is accomplished, and then depart with dignity—the hand-grenades making no apparent impression upon them.*

If these inflictions, and others like them, are hard to bear for those who are well, what may we suppose them to be for the many *invalids* every large town contains?

Leaving the annual horrors of National Independence and the nightly *cantatas* of four-legged serenaders out of the question, what tortures do not the feeble and the sick endure from the tireless organ-grinder, peripatetic still, at ten, eleven, and sometimes at twelve o'clock at night? And to what class of organized life shall we refer those selfish persons who perambulate our streets even later than the above-named hours, not merely and *only* to sing romantic ditties, with all the parts—*alto* included—but to shout and roar "laughing choruses," and imitate wild Indians in the war-whoop—which, by the way, belongs peculiarly to the forest, and is exceedingly trying in the "stilly night," or in conjunction with "Kathleen Mavourneen" and wishes for "Good-night, good-night, lady bright!"

Single inflictions of the above nature, at reasonable intervals, well people and budding damsels may submit to, or even welcome: but an iteration thereof, until madness is imminent, is—we had almost sworn—an insufferable nuisance. We need not say what it becomes when invalids are concerned; but we affirm that if anything needs municipal regulation and measures for prevention, this does. Let organ-grinders and serenaders confine themselves to reasonable hours, and they are at liberty to circulate in the neigborhood of premises where we are owners—but, at full bed-time, and afterwards, *in due ratio*,

* Our friend the publisher of the JOURNAL suggests that we are rather inconsistent in adding to the nocturnal "voices" of which we complain, the crack of the torpedo—in other words, that the remedy is as bad as the disease. We plead, in extenuation, that the neighborhood being presumed to be fairly awake under the *first* infliction, it cannot be injured by the second!

they are trespassers, and by the—war in Italy, we intend to deal with them accordingly!

Another "voice" which "makes night hideous"—and which is wholly unnecessary—is the exaggerated and prolonged blowing of the steam-whistles of arriving or departing railway engines. Because an engineer on a railway-train is awake—or ought to be—what necessity is there that he should startle three-quarters of a city by the demoniacal shrieks of what Davy Crockett was wont to call "hell in harness"? If obliged to blow off steam, let it be done as easily as possible, not kept going at the top of its (or the engineer's) bent, for the first mile out of, and the last into, some of the most populous portions of our city. We cannot be made to believe that the latter procedure is requisite for safety, nor yet demanded as an announcement of the arrival and departure of either freight or passenger trains. Yet it may be heard, and is constantly heard, with sensations of pain, by many a light sleeper, to whom sound sleep is of as much and often more importance than food and drink. Let those who sanction it, and who perpetrate it, think for a moment of the Golden Rule!

There are many more of these awful "voices of the night" which we cannot now specify—some, which cannot be prevented. We would ask, in downright earnest, should not all the inhabitants of a commonwealth unite in deprecating and suppressing unnecessary noises by night? Let the thoughtless consider, ere they shout and scream indiscriminately along the streets at midnight; they may be passing beneath the windows of one who, long racked with agony, has at last, by the blessing of God, sunk into a sleep which, if it lasts, may save his life. To startle him from it by unthinking revelry and selfish noise, may be to seal his fate! And who can tell how often this happens? We are so dependent on each other in this world, and especially so in the respects we have been considering, that it would seem as if the slightest reflection would cause most persons to pause before they do harm for the sake of a momentary, and at best a very questionable gratification. As for the other and preventible noises in the night season, we hold that what private remonstrance and exertion cannot remedy, is legitimately within the domain of police intervention; and that the authorities ought to see the cure applied promptly, thoroughly, and universally.

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### OVARIOTOMY.—LETTERS FROM DRS. KIMBALL AND LYMAN.

MESSRS. EDITORS,—Noticing in the MEDICAL JOURNAL of last week the reply of Dr. George H. Lyman to a recent communication of Dr. Gross, of Philadelphia, relating to ovariotomy, I was struck with the following paragraph:

> "While writing the Essay on Ovariotomy, I used all diligence to obtain everything important or unimportant relative not only to the operation, but to the disease, its pathology, history and treatment, and spared neither time nor expense in the pursuit."

I am unable to reconcile the above statement with the fact, that at the time Dr. Lyman was preparing his Essay, he must have been aware that the operation of ovariotomy had been repeatedly performed by myself in Boston, as well as in other parts of New England; yet, so far as I have known, no account of my cases has ever been sought for, either by himself, or anybody in his behalf. A single case only

appears to have been put to my account. With a little more "diligence to obtain everything" relative to the operation in question, and a very trifling addition of time and expense, he might have obtained an account of at least a score more cases than at present appear on his record. G. KIMBALL.

*Lowell, July* 15, 1859.

Having referred the above to Dr. Lyman, the following is his reply:

MESSRS. EDITORS,—Your correspondent, Dr. Kimball, certainly assumes a great deal in supposing that I "must" have been aware that the operation had been "repeatedly" performed by him in Boston as well as in other parts of New England. Perhaps the gentleman will be kind enough to let the profession know where the published accounts of his cases are to be found—vague and contradictory rumors are not proper material for statistics. The facts are as follows: Reports were at that time in circulation in this vicinity, of certain operations by Dr. K. for ovariotomy, but nothing definite was known as to the *results*. I did not choose to apply to any operator in this vicinity for leave to print his cases, for several reasons; among others it was to be presumed, and fairly I think, that if not already published it was owing to unwillingness to have them generally known, a kind of reluctance which would not probably be overcome by the mere request of a stranger. A second reason was, that the essay might not be the successful one, in which case it would not, of course, have been agreeable to have my own attempt known. But to prove the correctness of my statement, and show that I did not spare trouble in obtaining information on this point, I will, at the risk even of the complaints of your readers that so much space should be taken from your JOURNAL for a personal matter of this kind, say a word more.

After some conversation on the subject with one or two personal friends, I applied to a medical gentleman of this city, whose name is in your possession, and whose professional relations to my critic were known to be intimate and kindly, to ascertain if the desired information could in *any* way be obtained through him. He assured me that it was useless to make the attempt, as he had reason to know that Dr. K. would not give a detailed report of his cases, choosing rather to keep them for future use by himself.

Could I under the circumstances have "*used more diligence*"? I trust that at all events, my friends will be able "*to reconcile the above statement with the facts*" in the case.

The last few lines of Dr. K.'s note assure us that we have only to ask in order to obtain "at least a *score* more cases," &c. I therefore, through you, Messrs. Editors, most respectfully request of him such a detailed report of these cases as will render them statistically valuable—I should be glad to add them to my record.

## HARVARD MEDICAL SCHOOL.

THE following is a list of the gentlemen who received their medical degrees on the 20th inst., with the subjects of their dissertations:

Charles Frederic Crehore. *The Nervous System.*
John Theodore Heard. *Delirium Tremens.*
Benjamin Lincoln Ray. *Renal Disease—with remarks upon its complications.*
John Woodbury Sawyer. *Causes of Insanity.*
Charles Caroll Tower. *Typhus Fever.*
Henry Lyman Shaw. *Management of Infants.*
George Palmer Wesselhœft. *Opium—its Uses and Abuses.*

D. HUMPHREYS STORER,
*Dean of the Medical Faculty.*

*Boston, July* 23, 1859.

*Books and Pamphlets Received.*—Essay on Intermittent and Bilious Remittent Fever. By E. S. Gaillard, M.D. (From the Author.)—Treatise on the Immediate Cause and Specific Treatment of Phthisis. By J. Francis Churchill, D.M.P.—Some Remarks on the Methods of Studying and Teaching Physiology. By J. Aitken Meigs, M.D.

*Deaths in Boston* for the week ending Saturday noon, July 23d, 80. Males, 43—Females, 37.—Accident, 2—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—inflammation of the brain, 3—cancer, 2—consumption, 14—cholera infantum, 13—croup, 2—dysentery, 1—dropsy, 2—dropsy in the head, 2—debility, 1—infantile diseases, 4—puerperal disease, 1—erysipelas, 1—scarlet fever, 4—disease of the heart, 1—inflammation of the lungs, 7—congestion of the lungs, 1—marasmus, 3—measles, 2—premature birth, 1—scalded, 1—smallpox, 1—suicide, 1—teething, 2—tetanus, 1—unknown, 1—whooping cough, 3.

Under 5 years, 39—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 58—Ireland, 20—other places, 2.